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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Winger

Attorney Docket No.: CISC249/4147

Application No.: 09/874,587

Examiner: Lee, Richard J.

Filed: June 4, 2001

Group: 2613

Title: SOURCE ADAPTIVE SYSTEM AND
METHOD FOR 2D IDCT

Confirmation No.: 5663

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to fax number 571-273-8300 to the U.S. Patent and Trademark Office on June 28, 2006.

Signed: Linda L. Quintana
Linda L. Quintana**NOTICE OF APPEAL**Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed March 2, 2006, finally rejecting Claims 1-13 and 18-21.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$250.00 (Small Entity) ☒ \$500.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☒ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR

1.17(a)-(d)) for the total number of months checked below:

07/03/2006 AWONDAF1 00000055 500388 09874587

01 FC:1401 500.00 DA
02 FC:1251 120.00 DA

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	<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input checked="" type="checkbox"/>	one	\$120.00	\$ 60.00
<input type="checkbox"/>	two	\$450.00	\$225.00
<input type="checkbox"/>	three	\$1,020.00	\$510.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.


Total Fee Due

Notice of Appeal Fee	\$500.00
Extension Fee (if any)	\$120.00
Total Fee Due	\$620.00

☐ Enclosed is Check No. _____ in the amount of \$ _____.

☒ Charge the \$500 Notice of Appeal Fee, \$120 Extension Fee and any additional fees or credit any overpayment to Deposit Account No. 500388, (Order No. CISC249).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


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